

United States Bankruptcy Court for the:

Western District of Pennsylvania

Case number (If known): _____ Chapter 11☐ Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/24

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Loving Kindness Healthcare Systems, LLC

2. All other names debtor used in the last 8 years LKHS

Include any assumed names, trade names, and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 30-0563717

4. Debtor's address

Principal place of business		Mailing address, if different from principal place of business
<u>155 North Craig Street</u>		
Number	Street	Number Street
<u>Suite 160</u>		
		P.O. Box
<u>Pittsburgh</u>	<u>PA</u>	<u>15213</u>
City	State	ZIP Code
<u>Allegheny County</u>		
County		
		Location of principal assets, if different from principal place of business
		Number Street
		City State ZIP Code

5. Debtor's website (URL) www.lkhscorp.com

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify: _____

Debtor Loving Kindness Healthcare Systems, LLC
Name
Case number (if known)

7. Describe debtor's business

A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☐ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
 See <http://www.naics.com/search/>.

6216

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7
☐ Chapter 9
☒ Chapter 11. Check all that apply:

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725 (amount subject to adjustment on 4/01/25 and every 3 years after that).
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and it chooses to proceed under Subchapter V of Chapter 11.
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

☐ No

☒ Yes. District Western District of PA When 10/22/2022 Case number 22-22092
 MM / DD / YYYY
 District _____ When _____ Case number _____
 MM / DD / YYYY

If more than 2 cases, attach a separate list.

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

☒ No

☐ Yes. Debtor _____ Relationship _____
 District _____ When _____
 Case number, if known _____
 MM / DD / YYYY

List all cases. If more than 1, attach a separate list.

Debtor Loving Kindness Healthcare Systems, LLC
Name
Case number (if known)

11. Why is the case filed in *this district*?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

- ☒ No
- ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____

Where is the property?

Number Street

City State ZIP Code

Is the property insured?

- ☐ No
- ☐ Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated assets

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor Loving Kindness Healthcare Systems, LLC
Name Case number (if known)

16. Estimated liabilities

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/25/2024
MM / DD / YYYY

X /s/ Copa Davis

Signature of authorized representative of debtor

Copa Davis

Printed name

Title: Member

18. Signature of attorney

X /s/ Robert S. Bernstein

Signature of attorney for debtor

Date 10/25/2024

MM / DD / YYYY

Robert S. Bernstein

Printed name

Bernstein-Burkley, P.C.

Firm name

601 Grant Street 9th Floor

Number Street

Pittsburgh

City

PA

State

15219

ZIP Code

412-456-8100

Contact phone

rbernstein@bernsteinlaw.com

Email address

34308

Bar number

PA

State

Fill in this information to identify the case:Debtor name Loving Kindness Healthcare Systems, LLCUnited States Bankruptcy Court for the: Western District of Pennsylvania

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Internal Revenue Service PO Box 7346 Philadelphia, PA, 19101		Taxes & Other Government Units	Disputed Unliquidated Contingent			971,314.50
2	Commonwealth of PA Department of Labor & Industry 301 Fifth Avenue, Suite 230 Pittsburgh, PA, 15222		Taxes & Other Government Units	Disputed Unliquidated Contingent			485,000.00
3	City of Pittsburgh Treasurer 414 Grant Street Room 207 Pittsburgh, PA, 15219		Taxes & Other Government Units	Disputed Unliquidated Contingent			150,000.00
4	Pennsylvania Department of Revenue Bankruptcy Division, PO Box 280946 Harrisburg, PA, 17128		Taxes & Other Government Units	Disputed Unliquidated Contingent			100,000.00
5	Schenley Properties c/o Meyers Mgmt, 1823 Penn Avenue Pittsburgh, PA, 15221			Disputed Unliquidated Contingent			38,451.00
6	Gloria J. Besley, EA 1515 Penn Avenue, # 505 Pittsburgh, PA, 15221		Services				12,400.00
7	THIS DEBTOR HAS LESS THAN 20 LARGEST UNSECURED CREDITORS						
8							

**WRITTEN CONSENT OF
THE MEMBERS OF
LOVING KINDNESS HEALTHCARE SYSTEMS, LLC**

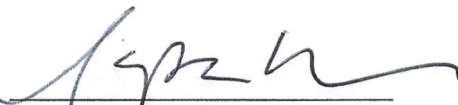
WHEREAS, that Copa Davis and Kim Davis together hold a majority of the Member Interests (the "Members") of Loving Kindness Healthcare Systems, LLC (the "Company");

BE IT RESOLVED that Copa Davis is hereby authorized and empowered for and on behalf of the Company to file a voluntary petition for relief under Chapter 11 of the United States Bankruptcy Code, and to undertake all necessary acts consistent with the rights and duties of the Member under Pennsylvania Law, and any and all other statutory, regulatory, and common law to effectuate bankruptcy filing.

BE IT FURTHER RESOLVED that Copa Davis is authorized as a Member of the Company to serve as the signatory to sign all documents necessary to the administration of the bankruptcy case on behalf of the Company.

BE IT FURTHER RESOLVED that the Members hereby authorizes the Company to engage the law firm of Bernstein-Burkley, P.C. for all legal services related to the bankruptcy filing and related proceedings.

The undersigned hereby certifies that the above and foregoing is a true and correct copy of a Resolution adopted by the Member of the above-named Company by written authorization on this 21st day of October 2024, in lieu of a meeting.


Copa Davis


Kim Davis

United States Bankruptcy Court
Western District of Pennsylvania

In re: Loving Kindness Healthcare Systems, LLC

Case No.

Chapter 11

Debtor(s)

Verification of Creditor Matrix

The above-named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 10/25/2024

/s/ Copa Davis

Signature of Individual signing on behalf of debtor

Member

Position or relationship to debtor

City of Pittsburgh Treasurer
414 Grant Street Room 207
Pittsburgh, PA 15219

UPMC Health Plan
600 Grant Street
Pittsburgh, PA 15219

Commonwealth of PA Department of Labor & Indu
301 Fifth Avenue, Suite 230
Pittsburgh, PA 15222

Department of the Treasury - Internal Revenue
PO Box 7346
Philadelphia, PA 19101-7346

Gloria J. Besley, EA
1515 Penn Avenue, # 505
Pittsburgh, PA 15221

M&T Bank
PO Box 900
Millsboro, DE 19966

PA DHS
601 Market Street
Philadelphia, PA 19107

Pennsylvania Department of Revenue
Bankruptcy Division, PO Box 280946
Harrisburg, PA 17128

Schenley Properties
c/o Meyers Mgmt, 1823 Penn Avenue
Pittsburgh, PA 15221

Schenley Properties
c/o Clark Hill, PC
301 Grant Street, 14th Floor
Pittsburgh, PA 15219